

BUTLER AREA SCHOOL DISTRICT

REQUEST FOR **ATHLETIC FEE REFUND** FORM

A Refund of the Athletic Fee may be requested if one of the following situations occur PRIOR to the first contest date:

- A) the team season is cancelled due to insufficient numbers.
- B) the student is cut from a team.
- C) the student moves out of the district.
- D) the student suffers a season ending injury.
- E) the student is academically ineligible.

If the request is approved, please allow 2-4 weeks for payment.

Please fill out the following to request a refund:

Refund check made payable to: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Child's Name: _____

Grade: _____

Sport: _____

Reason for Refund

Parent Signature: _____

Date: _____

Official Use Only: Approved Denied *Reason if Denied:* _____

Signature

Date